

HEALTH CAREERS CLINICAL EVALUATION

NAME _____ DATE _____

HEALTH CARE FACILITY/DEPARTMENT _____

****EVALUATION DUE BY LAST DAY OF ROTATION!**

PLEASE CHECK THE STATEMENT THAT BEST APPLIES:

COOPERATION:

- ☐ Cooperates willingly at all times
- ☐ Usually cooperates with others
- ☐ Often indicates resentment toward cooperating with others
- ☐ Unwilling to cooperate with others

DEPENDABILITY:

- ☐ Reports to job station on time
- ☐ Absent • notifies job station
- ☐ Absent • does not notify job station
- ☐ Absent frequently

PERSONAL APPEARANCE:

- ☐ Always neat, wears appropriate attire and name tag
- ☐ Usually neat, occasional inappropriate attire with no name tag
- ☐ Frequently lacks appropriate attire and name tag
- ☐ Overall appearance needs improvement

INTEREST IN SPECIFIC OCCUPATION / JOB STATION:

- ☐ Appears interested in occupation and asks questions about it
- ☐ Appears interested but no questions asked
- ☐ Appears easily distracted, wastes time
- ☐ Appears disinterested

ATTITUDE:

____ Self-motivated, enthusiastic, welcomes constructive criticism

____ Open-minded, accepts constructive criticism

____ Lacks initiative but follows directions

____ Poor attitude, reluctantly accepts criticism

COMMENTS:

Evaluated by _____ Date _____
Student Signature _____ Date _____